

Appendix A

ACCESSIBILITY SELF-ASSESSMENT CHECKLIST

The Indiana Arts Commission has adopted this checklist as an informal guide for applicant organizations. This checklist is neither a determination of your legal rights or responsibilities under the Americans with Disabilities Act; the 1973 Rehabilitation Act, Section 504; nor binding upon any agency with enforcement responsibility under the ADA.

FACILITY ACCESS: Answer questions 1 through 7 about the physical accessibility of each facility or site used for programs by your organization. Indicate accessibility by answering yes or no in response to each question and checking yes, no, or n/a for each accommodation in relation to the question.

YES Physical feature exists.
NO Physical feature does not exist but should.
N/A Physical feature does not exist and is not needed (i.e., A single-level, ground-floor facility would not need an elevator).

1. Is the entryway accessible to people with mobility impairments (patrons who use wheelchairs, crutches, or walkers or who are unsteady)? ____Yes ____No.

	YES	NO	N/A
Ramps/Lifts	_____	_____	_____
Hand Railings on Ramps	_____	_____	_____
Steps	_____	_____	_____
Hand Railings on Steps	_____	_____	_____
Doors Open Easily/Automatically	_____	_____	_____

2. Is the entry easily accessible to people with visual impairment (i.e., low vision, blind)? ____Yes ____No.

	YES	NO	N/A
Large-Print Signage	_____	_____	_____
Well-Lighted	_____	_____	_____

3. Is the entryway accessible to people with hearing impairments (i.e., hard of hearing, deaf)? ____Yes ____No.

	YES	NO	N/A
Buzzer Door	_____	_____	_____
If Yes, Is There a Visual Entry Code (i.e., Flashing Light)?	_____	_____	_____

4. Is patron parking available? ____Yes ____No.

	YES	NO	N/A
Designated "Handicapped Parking"	_____	_____	_____
Clear Passage to Entry (i.e., for Wheelchair Users)	_____	_____	_____

5. Is the interior space accessible to people with mobility impairments? ____Yes ____No.

	YES	NO	N/A
Ramp	_____	_____	_____
Hand Railings on Ramps	_____	_____	_____
Steps	_____	_____	_____
Hand Railings on Steps	_____	_____	_____
Firm, Smooth Surfaces	_____	_____	_____
Doors Open Easily	_____	_____	_____
Elevators	_____	_____	_____
Chair Lifts	_____	_____	_____
Accessible Restrooms	_____	_____	_____
Designated Wheelchair Seating	_____	_____	_____

6. Is the interior space accessible to people with visual impairments? ____Yes ____No.

	YES	NO	N/A
Large Print Signage	_____	_____	_____
Braille Signage	_____	_____	_____
Braille Marked Elevator Buttons	_____	_____	_____
Raised Letter Signage	_____	_____	_____
Free of Hazardous Overhangs and Protruding Objects	_____	_____	_____
Clearly Marked Abrupt Changes in Levels	_____	_____	_____
7. Is interior accessible to people with hearing impairments? ____Yes ____No.			
Visual Emergency Alarm System	_____	_____	_____

ACCESS TO ORGANIZATIONS PROGRAMS:

Answer each question **8 through 10**, as it relates to programmatic accessibility.

- YES** Program offers adaptation routinely or upon request.
NO Program does not offer adaptation but should.
N/A Program does not offer adaptation and it is not needed (i.e., A symphony concert probably would not require audio description.)

8. Does the organization use the following to make its programs accessible to people with visual impairments? ____Yes ____No.

Large Print Materials	_____	_____	_____
Large Print Labeling	_____	_____	_____
Braille Materials	_____	_____	_____
Taped Materials	_____	_____	_____
Audio Description	_____	_____	_____

9. Does the organization use the following to make its programs accessible to people with hearing impairments? ____Yes ____No.

Assisted Listening Devices--	_____	_____	_____
Infrared	_____	_____	_____
Audio Loop	_____	_____	_____
FM System	_____	_____	_____
Sign Interpreters	_____	_____	_____
Oral Interpreters	_____	_____	_____
Script and Text of Verbal Presentations	_____	_____	_____
Captioned Audio Visual Materials	_____	_____	_____
TDD/TTY (Telecommunications Device for the Deaf)	_____	_____	_____

10. Does the organization publicize its accessibility? ____Yes ____No.

By Telephone	_____	_____	_____
By TDD/TTY	_____	_____	_____
In Large Print	_____	_____	_____
In Braille	_____	_____	_____
On Audio Cassette Tape	_____	_____	_____